TECHNICAL ASSISTANCE BULLETIN

Revised

October 2000

An Update on How to Contract with an HIV/STD+ Client Who Wants to Self Notify Partners

Partner elicitation with an HIV/STD infected client should be approached with the assumption that the Health Department will refer all partners, unless the client asserts the desire to contact one or more of his/her partners. If the client makes this assertion, it is important that the counselor work with the client to ensure that self-notification is carried out successfully.

Purpose:

To provide guidance on the steps for staff to take when an HIV/STD positive client wants to self notify his/her own partner(s). This guidance is to assist contracting agencies providing HIV/STD prevention counseling and partner elicitation services. Implementation of this guidance will ensure that partners are informed of a potential exposure to HIV/Std and are referred for prevention services.

Guidance:

Clients testing HIV/STD positive may express a desire to self notify their partner(s) of exposure to HIV. When a client wants to self refer his/her partners, the counselor assists that client in making a successful referral.

How:

The counselor should always:

- i. use open-ended questions to ask the client about how he/she will notify the identified partner.
- work with the client on where, how, and when the partner will be notified. (When and where do you want to tell----?)
 What do you want to say to ----?)
- discuss the partner's possible reaction to the news. (How do you think---- will react?)
- iv. address the client's feelings about notifying the partner. (How do you feel about telling ----?)
- v. role-play the partner scenario with the client
- vi. assist the client in identifying barriers and problems. (What will get in the way of telling ----?)
- vii. assist the client in problem solving or finding ways to overcome the barriers. (What will help you tell ----?) What will help you tell ----?)
- viii. assist the client in establishing time-lines for notifying the partner. (By what day do you want to tell ----?)

- ix. throughout the session check in with the client if he/she would prefer the partner to be notified by DIS. (Now that we have talked about telling---- how do you feel about having the DIS tell him/her instead?)
- x. discuss the back-up plan with the client if the client is not able to follow through with telling the partner. Contract with the client that if the counselor does not hear from the client by a set time and the counselor is not able to contact the client, then the partners' names, address and descriptive information will be referred to the local or regional health department for notification. Review the client's confidentiality with the DIS at this time.
- xi. Document the client's plan, time-line for telling the partner, and contracted agreement. Document all client interactions.
- xii. offer assistance to the client if needed. (I am available at these times if you need to talk about how you want to tell ----.)
- xiii. involve the supervisor for feedback on the self-referral contract. The supervisor's feedback will be documented.
- xiv. follow through with contacting the client on the notification dates.

 (I'm calling to see how it's going for you notifying your partner.)

 Al contacts will be documented.
- xv. if the partner's name, locating and descriptive information are referred to the local or regional health authority for notification then attempt to let the client know. Document contacts to the local health authority and contacts to the client in the client's record and on the Scranton form sent to TDH.
- xvi. provide TDH pamphlets: 'What About Your Partners?' and 'What if I've Been Exposed to an STD?' to the client, one for the client, and a pamphlet for each partner they have agreed to notify.